Approved Exception To SF 171 OMB No. 2900-0205 Estimated burden: 30 minutes Expiration Date: 3/31/2006

APPLICATION FOR NURSES AND NURSE ANESTHETISTS										
SEE LAST PAGE FOR PAPERWORK REDUCTION ACT, PRIVACY ACT AND INFORMATION ABOUT DISCLOSURE OF YOUR SOCIAL SECURITY NUMBER.										
INSTRUCTIONS: Please s Affairs to determine your e required, please attach a sep	ubmit this applications applications applications are sheet and re-	ation fur ointment efer to ite	nishing all in Vetera	ll info ans H g answ	ormation in suffice ealth Administration or sufficient to the control of the cont	cient de lation. T	etail to enable Type, or print	the D	epartment. If addition	nt of Veterans ional space is
1. NAME (Last, First, Middle) 2. APPLICATION FOR (Check one) GENERAL PRACTICE SPECIALTY (Identify Below)										
3. PRESENT ADDRESS (Street Address)	ess 1) STREET A	DDRESS 2	2		APT. NO.	4. TELEPHONE NUMBER (Include Area Code)				
CITY STATE ZIP CODE COUNTRY				,	4A. RESIDENCE 4B. BUSINESS			ESS		
5. DATE OF BIRTH 6.	PLACE OF BIRTH		STA	TE CO	OUNTRY	7. SOCIAL SECURITY NUMBER				
8A. CITIZENSHIP							8B. COUNTRY	OF WHI	CH YOU AR	RE A CITIZEN
U.S. CITIZEN BY BIRTH	NATURALIZED U.S. C	CITIZEN	☐ NOT A	. U.S. C	CITIZEN (Complete ite	em 8B)				
9A. HAVE YOU EVER FILED APPLIC	CATION FOR APPOINT		THE VA	9B. N	IAME OF OFFICE WH	VHERE FILED 9C. DATE FILED				
10. WHEN MAY INQUIRY BE MADE	OF YOUR PRESENT I	EMPLOYE	R	11. D	ATE AVAILABLE FOI	R EMPLO	DYMENT			
			I - ACTIV	E MIL	ITARY DUTY					
12A. DATE FROM 12B. DATE TO 12C. SERIAL OR SERVICE NO. 12D. BRANC						12E. TYPE OF D	_		ain on seperate sheet)	
13A. LIST ALL STATES/TERRITOR				AND	CLINICAL PRIVIL	EGES				
EVER BEEN REGISTERED AS A N				eet)	13B. REGIST	TRATION	NUMBER	+	13C. EXPIR	RATION DATE
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in any State(s)	EGISTERED mited or probational . explain on	HAD ANY SUSPEN ISSUED/I	REGISTRA DED, DENIE	ATION ED, RE N A PRO	L IG OR HAVE YOU E\ TO PRACTICE REV STRICTED, LIMITED OBATIONAL STATUS SHED	OKED, , OR	PRACTICE THA CURRENT	T IS NO	LONGER F	
YES NO separate sheet		17B NAM			S" explain on seperate	sheet)	17C. HAVE ANY	•		in on separate sheet)
EVER HAD CLINICAL PRIVILEGES AT ANY HEALTH CARE INSTITUTION, AGENCY OR ORGANIZATION WHERE LEVER BEEN I HELD INSTITUTION, AGENCY OR ORGANIZATION WHERE LEVER BEEN I REDUCED, LI RELINQUISH					APPOINTMENT EVER BEEN DE REDUCED, LIM RELINQUISHED	S OR CL NIED, R ITED, OI)	LINICAL PR REVOKED, S R VOLUNT <i>I</i>	SUSPENDED, ARILY		
WES NO (If "YES" explain on separate sheet) III - NURSE ANESTHETIST CERTIFICATION (To be completed by Nurse Anesthetists only)										
18A. ARE YOU CERTIFIED AS A	18B. WHAT IS THE				HAT IS YOUR AMER	•	SSOCIATION	18D. HA	S YOUR CO	
NURSE ANESTHETIST BY THE COUNCIL ON CERTIFICATION OF NURSE ANESTHETISTS (CCNA)	CERTIFICATION OR RECERTIFICATION YEAR)				RSE ANESTHETISTS IFICATION NUMBER			CERTIFI REVOKE YES	_	(If "YES" explain
1E0 NO	IV - THIS SECTIO	N TO RE	COMPLE	TED F	EV FACILITY DIRE	CTOR	OR DESIGNEE			on separate sheet)
IV - THIS SECTION TO BE COMPLETED BY FACILITY DIRECTOR OR DESIGNEE I certify that I have verified registration with State boards, and sighted visa or evidence of citizenship. Board										
CERTIFICATION: certification has been verified (if appropriate).										
19. EVIDENCE HAS BEEN SIGHTED IN REGARDS TO:										
CERTIFICATION AS A NURSE ANESTHETIST VISA										
REGISTRATION FOR ALL STATES LISTED BY APPLICANT NATURALIZED CITIZENSHIP										
CURRENT OR MOST RECENT CLINICAL PRIVILEGES										
NO CURRENT OR PREVIOU									Lana	
20A. SIGNATURE OF FACILITY DIRI	ECTOR OR DESIGNE	E	20B. TITLE						20C. DAT	E

		V - PROFES	SSIONAL LIAE	BILITY INSURANCE	E				
	21B. DATE	21C. NAME OF	PRIOR CARRIE	R 21D. DATES OF	COVERAGE		AS ANY CAR		
LIABILITY INSURANCE CARRIER	COVERAGE BEGAN			FROM	TO		ED OR REFU: RANCE		
							ES NO		S" explain
			\// OLIAL IEIO	ATIONO				on sepa	arate sheet)
			VI - QUALIFIC						
	BASIC	NURSING EDUC	CATION (Continu	ue on separate sheet if					
23A. NAME OF SCHOOL	2	3B. ADDRESS (City, State and Z	IP Code)	23C. I	LENGTH ROGRAM	23D. DATE		PLOMA OR
	- 		-		UF PR	OGRAM	COMPLETE	DEGREE	RECEIVED
	ADDITIO	NAL EDUCAT	ION (Continue	on separate sheet	if necessar	v)			
244 NAME OF COURCE			,	· · · · · · · · · · · · · · · · · · ·	24C. M		24D. DATE	24E.	24F.
24A. NAME OF SCHOOL		4B. ADDRESS (City, State and Z	IP Code)	240. 101		OMPLETED	CREDITS	DEGREE
25. IS YOUR PROFESSIONAL BIOG	RAPHY COMPILED		11	F YOUR COLLEGE O	R UNIVERSI	TY STUDY	IS NOT A PA	ART OF YOU	R
	please forward a copy	to the VA)	NOTE:	PROFESSIONAL BIOG					
		<u>:</u>	- NURSING EX		,				(-)
		VII	- NOROING LA	LIGILITOL		26E.			
					26D.	PART-TI		26F. DATE EMPLOYE	
26A. EMPLOYER	26B. ADDRESS	(City, State and	d ZIP Code)	26C. POSITION	FULL	AVERAG			
					TIME	HOUR: PER WE		OM	то
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NAME AND TITLE OF DIRECTOR O	E NILIDSING OD OF C	THED DEDART	MENT TO WHIC	H VOLLWEDE ASSIG	NED				
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NAME AND TITLE OF DIRECTOR O	F NURSING OR OF O	THER DEPART	MENT TO WHIC	H YOU WERE ASSIG	NED				
		VIII -	GENERAL IN	FORMATION					
27. NAMES UNDER WHICH YOU W	ERE EMPLOYED. IF D	DIFFERENT FRO	OM NAME GIVEN	N IN ITEM 1.					
1.									
2									
2.									
3.									
4.									
	ICATIONS SOLUTION	EIC DADEDO LIC	JNIODE VIVIADO	O DECEMBOLLORAN	ITQ EELLO	VIGHIDO VI	ND SDECIAL	TV CEDTICIO	ATION
28. LIST ALL PROFESSIONAL PUBI (If additional space is required, attach		TIC PAPERS, HC	JNORS, AWARD	O, KESEAKCH GRAN	N15, FELLO	WSHIPS A	ND SPECIAL	IT CERTIFIC	ATION

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		IX - REFERENCES					
		IVING IN THE UNITED STATES WHO ARE NOT RELA		IARRIAGE AND	WHO H	IAVE	
DELI	EN IN A POSITION TO JUDGE YOUR PROFESSIONAL QUALIFICATIONS DURING THE PAST FIVE YEARS. 29A. NAME 29B. ADDRESS (Street, City, State and ZIP Code) 29C. AREA CODE/PHONE NO.				29D. BUSINESS OR OCCUPATION		
ITEM NO.		N APPROPRIATE SPACE. IF "YES" EXPLAIN DETAILS			YES	NO	
30.		have a pending application for retirement or retainer pailian, or District of Columbia service?	ay, pension, or other compensati	on based			
31.		Veterans Affairs employ any relative of yours (by bloodine; (2) relationship; (3) VA position and employment l		eparately			
32.	ARE YOU NOW, OR HAVE YOU EVER BEEN, INVOLVED IN ADMINISTRATIVE, PROFESSIONAL OR JUDICIAL PROCEEDINGS IN WHICH MALPRACTICE ON YOUR PART IS OR WAS ALLEGED? (If "YES" give details including name of action or proceedings, date filed, court or reviewing agency, and the status or disposition of case concerning allegations, together with your explanation of the circumstances involved.) (As a provider of health care services, the VA has an obligation to exercise reasonable care in determining that applicants are properly qualified. It is recognized that many allegations of professional malpractice are proven groundless. Any conclusion concerning your answer as it relates to professional qualifications will be made only after a full evaluation of the circumstances involved.)						
NOTE: A conviction or a discharge does not necessarily mean you cannot be appointed. The nature of the conviction or discharge and how long ago it occurred is important. Give all the facts so that a decision can be made. If your answer to question 35, 36 or 37 is "YES" give for each offense: (1) date; (2) charge; (3) place; (4) court and (5) action taken. When answering item 35 or 36, you may omit (1) traffic fines for which you paid a fine of \$100.00 or less; (2) any offense committed before your 18th birthday which was finally adjudicated in a juvenile court or under a youth offender law; (3) any conviction the record of which has been expunged under Federal or State law; and (4) any conviction set aside under the Federal Youth Corrections Act or similar State authority.							
33.	Within the last five years have you been discharged from any position for any reason?						
34.	Within the last five years have you resigned or retired from a position after being notified you would be disciplined or discharged, or after questions about your clinical competence were raised?						
35.	Have you ever been convicted, forfeited collateral, or are you now under charges for any felony or any firearms or explosives offense against the law? (A felony is defined as any offense punishable by imprisonment for a term exceeding one year, but does not include any offense classified as a misdemeanor under the laws of a State and punishable by a term of imprisonment of two years or less.)						
36.	During the past seven years have you been convicted, imprisoned, on probation or parole, or forfeited collateral, or are you now under charges for any offense against the law not included in 35 above?						
37.	While in the military service were you ever convicted by a general court-martial?						
38.	If you were in the military service in one of these health occupations, did you ever receive a non-judicial punishment (Article 15)?						
39.	Are you delinquent on any Federal debt? (Include delinquencies arising from Federal taxes, loans, overpayment of benefits, and other debts to the U.S. Government, plus defaults on any Federally guaranteed or insured loans such as student and home mortgage loans.) If "Yes" explain on a separate sheet the type, length, and amount of the delinquency or default and steps you are taking to correct errors or repay the debt. Give any identification numbers associated with the debt and the address of the Federal agency involved.						
		X - SIGNATURE OF APPLICA	NT				
NO Als	TE: A false statement on a o, you may be punished by	any part of your application may be grounds for not hir fine or imprisonment (U.S. Code, Title 18, Section 10	ing you, or for terminating you 001).	after you begin	work.		
CERTIFICATION: I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL OF MY STATEMENTS ARE TRUE, CORRECT, COMPLETE, AND MADE IN GOOD FAITH.							
40A. SIGN	IATURE OF APPLICANT (Sign	in dark ink)		40B. DATE (Mo	onth, Day,	Year)	

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AUTHORIZATION FOR RELEASE OF INFORMATION

In order for the Department of Veterans Affairs (VA) to assess and verify my educational background, professional qualifications and suitability for

emplo	yment, I:					
	Authorize VA to make inquiries concerning such information about me to my previous employer(s), current employer, educational institutions, State licensing boards, professional liability insurance carriers, national practitioner data bank, American Medical Association, Federation of State Medical Boards, other professional organizations and/or persons, agencies, organizations or institutions listed by me as references, and to any other appropriate sources to whom VA may be referred by those contacted or deemed appropriate;					
	Authorize release of such information and copies of related records and/or documents to VA officials;					
	Release from liability all those who provide information to VA in good faith and without malice in response to such inquiries; and					
	Authorize VA to disclose to such persons, employers, institutions, boards or agencies identifying and other information about me to enable VA to make such inquiries.					
	SIGNATURE	DATE				

PAPERWORK REDUCTION ACT AND PRIVACY ACT NOTICE

The Paperwork Reduction Act of 1995 requires us to notify you that this information collection is in accordance with the clearance requirements of section 3507 of the Paperwork Reduction Act of 1995. We may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a valid OMB number. We anticipate that the time expended by all individuals who must complete this form will average 30 minutes. This includes the time it will take to read instructions, gather the necessary facts and fill out the form.

AUTHORITY: The information requested on the attached application form and Authorization for Release of Information is solicited under Title 38, United States Code, Chapters 73 and 74.

PURPOSES AND USES: The information requested on the application is collected primarily to determine your qualifications and suitability for employment. If you are employed by the VA, the information will be used to make pay and benefit determinations and, as necessary, in personnel administration processes carried out in accordance with established regulations and published notices of systems of records.

ROUTINE USES: Information on the form or the form itself may be released without your prior consent outside the VA to another Federal, State or local agency, to the National Practitioner Data Bank which is administered by the Department of Health and Human Services, to State licensing boards, and/or appropriate professional organizations or agencies to assist the VA in determining your suitability for hiring and for employment, to periodically verify, evaluate and update your clinical privileges and licensure status, to report apparent or potential violations of law, to provide statistical data upon proper request, or to provide information to a Congressional office in response to an inquiry made at your request. Such information may also be released without your prior consent to Federal agencies, State licensing boards, or similar boards or entities, in connection with the VA's reporting of information concerning your separation or resignation as a professional staff member under circumstances which raise serious concerns about your professional competence. Information concerning payments related to malpractice claims and adverse actions which affect clinical privileges also may be released to State licensing boards and the National Practitioner Data Bank. The information you supply may be verified through a computer matching program at any time.

EFFECTS OF NON-DISCLOSURE: See statement below concerning disclosure of your social security number. Disclosure of the other information is voluntary; however, failure to provide this information may delay or make impossible the proper application of Civil Service rules and regulations and VA personnel policies and thus may prevent you from obtaining employment, employees benefits, or other entitlements.

INFORMATION REGARDING DISCLOSURE OF YOUR SOCIAL SECURITY NUMBER UNDER PUBLIC LAW 93-579 SECTION 7(b)

Disclosure of your SSN (social security number) is mandatory to obtain the employment and related benefits that you are seeking. Solicitation of the SSN is authorized under the provisions of Executive Order 9397, dated November 22, 1943. The SSN is used as an identifier throughout your Federal career from the time of application through retirement. It will be used primarily to identify your records. The SSN also will be used by Federal agencies in connection with lawful requests for information about you from your former employers, educational institutions, and financial or other organizations. The information gathered through the use of the number will be used only as necessary in personnel administration processes carried out in accordance with established regulations and published notices of systems of records. The SSN also will be used for the selection of persons to be included in statistical studies of personnel management matters. The use of the SSN is made necessary because of the large number of present and former Federal employees and applicants who have identical names and birth dates, and whose identities can only be distinguished by the SSN.

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